

INSPECTOR'S CHECK LIST AND REPORT FOR REGISTRATION SERVICES

DMV USE ONLY
SPECIAL NUMBER ASSIGNED
ACR NUMBER
DATE PERMIT ISSUED
DATE PERMIT EXPIRES

ADDDEGG (AU MADED AND OTDEET)		CITY	ZIP	COUNTY		
ADDRESS (NUMBER AND STREET)		CITY	ZIP	COUNTY		
DLACEOE	Does this location ha	ve an office?		Yes	□No	
PLACE OF				_		
BUSINESS	vviii records pertinent	t to the type of business be	kept at the place of busin	ess? La res	□ NO	
		oyed obsolete license?			∐No	
		corporate name or corpora			∐No	
	Picked up new certificate of appointment if firm name change					
CHECK LIST	Picked up bond rider	if change in DBA or change	e of corporate name	Yes	□No	
	Call Occupational Lic	censing Branch to report tra	ansaction	Yes	□No	
	Send Field Office Se	rvice Questionnaire, OL 607	7. to Headquarters Attentio	n:		
		Support, Mail Station F106			□No	
	ADDITIONATION					
	APPLICATION FEE					
	*					
	DOJ FINGERPRINT FEE					
FEES	\$					
	OTHER FEE(S) (SPECIFY)					
	\$					
	TOTAL FEE					
	\$					
		Occupational License for				
	applied and that I have examined this application and the premises, and find that this business meets all require-					
	ments of a place of business as described in the California Vehicle Code. I recommend that license be:					
	Issued					
RECOMMENDATION	Denied (full justification attached)					
		pational Licensing Branch	for evaluation (justification	attached)		
	DATE	SIGNATURE	NAME	OFFICE		
		X				
	L certify that I have care	efully reviewed this application	and all its enclosures, and I	recommend that license	e be:	
			, 50.			
SUPERVISOR'S	Issued					
	☐ Denied (full justification attached) ☐ Referred to Occupational Licensing Branch for evaluation (justification attached)					
RECOMMENDATION	Referred to Occu	ipational Licensing Branch	tor evaluation (justification	attached)		
	DATE	SIGNATURE	NAME	OFFICE		
		X				
COMMENTS	<u>l</u>	1	I			

COMMENTS